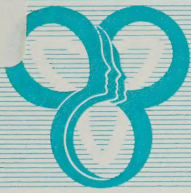


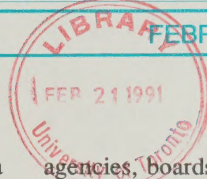
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COUNCIL Update

ONTARIO ADVISORY COUNCIL ON WOMEN'S ISSUES

FEBRUARY 1991



Praise for Past President Sandra Kerr

President Sandra Kerr's six year term ended October 18.



Sandra was first appointed to the Council in 1984. Two years later, she became vice-president, followed by her appointment as

president. During this time, Sandra travelled throughout Ontario, giving speeches to women's groups, various community organizations and students.

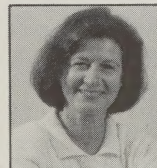
She worked extensively on issues regarding pay equity, sole support mothers, motherhood, health, Meech Lake, immigrant and visible minority women, employment standards and reproductive technologies. She was the driving force in organizing council's youth conference - attended by 500 16 year old girls from all over Ontario - held during International Youth Year in 1985.

She also found the time to chair three community organizations in Oakville and helped found Fareshare, Oakville's first food bank.

During her term as president, women's issues seemed to shift away from the forefront in the government and in the public eye. When she

was appointed president, Sandra said: "It's true that women's issues are not the front-page news they were, they are not the coming issues - I think environmental issues are - but they haven't disappeared. We still have to push. You can't give up just because your issues aren't the 'in' thing any more.

Sandra worked tirelessly on behalf of Ontario's women. When accused once of being partisan to a certain political party, Sandra replied: "I am partisan only to women's issues."

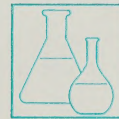


Council vice-president Susan McDonald is leading the Council until a new president is

appointed. Susan has been a member since 1986 and her term continues until January 1992.

It is unlikely that an appointment will occur immediately. Council is undergoing a government review of its mandate. Called a Sunset Review, this is a process whereby the government periodically examines all its agencies, boards and commissions. Furthermore, the NDP government has slapped a temporary freeze on appointments to government

agencies, boards and commissions because they want to review the appointment process.



NRTs Update

On October 29, Council presented

recommendations to the Royal Commission on New Reproductive Technologies.

The 38 recommendations focused on three aspects of NRTs: in vitro fertilization (IVF), alternative insemination (more popularly known as artificial insemination) and reproductive contracts (often referred to as surrogacy contracts).

In the area of IVF, Council called on the federal government to declare a moratorium on the use of in vitro fertilization. While recognizing the anguish and frustration that infertile women face in their attempts to have a baby, Council told the Commission that IVF does not address the real problems of infertility. For example, only 10% of women who go through IVF take home a baby. The minimum cost can run up to \$10,000 per conception. Council's brief stated that

continued on page 2

continued from page 1

women would be better served if health dollars were used to research the growing causes of infertility. In 1988/89, more than \$3,200,000 of Ontario's health care budget was allocated to funding these technologies. Only \$300,000 was designated to research the causes of infertility.

Reproductive contracts, in Council's view, should be banned as contrary to public policy. Legislation should declare such contracts null and void.

Council favours **alternative insemination** because procedures like sperm donation are inexpensive, easy to use and meet the needs of a diverse population.

The general tone of the recommendations discourages the use of contracts and expensive technologies. The focus in reproduction is shifted away from medical practitioners and technicians. Instead, the emphasis is on the health and safety of birth mothers, their children and their families.

Council's 60-page brief is free and available by calling or writing to our office.



"Green" Council

Women and the Environment is Council's latest

in the *Action on Issues* series. This 50-page book presents a feminist perspective on environmental issues. It's packed with practical information on how women can significantly change things in

the workplace, home and community.

The book urges women to make a difference by becoming environmentally conscious consumers. The "Women as Consumers" section talks about simple common sense things that all women can do to help the environment.

For example, we could remember to take our own bags to the grocery store, avoid purchasing individual serving packages and, where the same product is available in glass and plastic containers, choose glass since it is recyclable in most communities.

The book includes an extensive list of environmental groups and becomes a working tool for women by offering "how to" information for taking direct action on environmental issues.

To produce the book, Council chose a company that has converted its entire printing system to environmentally safer materials and procedures. Only inks containing vegetable oils and vegetable derived by-products were used. The paper is 100% recycled from post-consumer waste.

Women and the Environment is free and available by writing or calling Council. Only one copy per request, please. Multiple copies are available for \$5 each through Publications Ontario: (416- 326-5300); 1-800-668-9938.



New Member

Helen Penfold, Owen Sound, has been appointed to Council until August 1992. Helen is the principal of Sullivan Community School and immediate past provincial president of the Federation of Women Teachers Association of Ontario.

Her particular focus includes education issues such as girls' math avoidance and barriers to girls' participation in science and technology courses. She is also interested in employment issues such as pay equity.

Work on identified issues is done through Council's economic, social and justice issues committees. Helen is a member of Council's Economics Committee. Her appointment to Council is the first from the Owen Sound area.

Bread and Roses - International Women's Day (IWD) is Friday March 8. This is the day that women around the world have their very own spot on the international calendar.

North Americans did not celebrate IWD until the 1970s. But it actually began on March 8, 1857, when women working in New York's garment sweatshops demonstrated against 12-hour work days and low wages. Police broke up the protest, but three years later, these women formed a union.

In 1908, again on March 8, more than 15,000 women marched to mourn the deaths of 128 women in a fire at the Triangle Shirtwaist Factory, located in New York. They

continued on page 3

FOCUS

ON: WOMEN AND MENTAL HEALTH

WHAT IS MENTAL HEALTH?

There is no simple definition of mental health. Often, the terms mental health, and mental illness are mistakenly used interchangeably. One explanation for this lack of clarity is that there is still a stigma in our society about people who suffer from mental illness. Health and Welfare Canada defines mental health, in part, *"as the capacity of the individual, the group and the environment to interact with one another in ways that promote well being..."*

WHAT IS MENTAL ILLNESS?

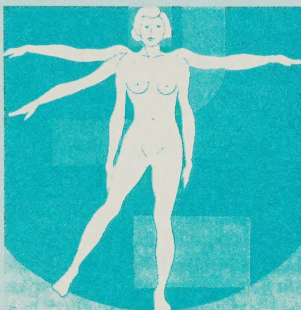
Mental illness is a recognized, medically diagnosable illness. Two examples of mental illness include Alzheimers disease or schizophrenia.

MENTAL HEALTH IS A WOMEN'S ISSUE BECAUSE:

- women suffer more mental illness and mental health problems than men;
- women outnumber men in official reporting of mental health problems and disorders;
- more women than men are admitted to hospitals for mentally related problems;
- women are prescribed mood altering drugs twice as often as men;
- in certain mental diagnoses, such as depression, women outnumber men in all age categories.
- their behaviour is sometimes misdiagnosed as being "illness".
- The roles imposed on women by society make them more vulnerable to "breaking down".

Women **appear** to have more mental health problems because:

Most traditional, male-based theories of psychology do not consider the social, economic and political forces which influence women's actions and thinking.



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SOME FACTORS WHICH INFLUENCE WOMEN'S MENTAL HEALTH

There are certain conditions of oppression in many women's lives which can significantly affect their mental health and well-being.

Violence: Women often feel very isolated in their experience of violence. The stress that comes with trying to keep their secret hidden and their limited access to money can contribute to poor mental health. Women who have experienced the violence of sexual assault or incest may suffer from mental health problems such as depression, self-destructive behaviours, substance abuse and sexual problems.

\$\$\$ Economic status:

Poverty can place people under emotional strain because lack of money limits a person's capacity to alter her situation. In Canada, overall, women are poorer than men. Women still earn only 66 cents to every dollar earned by men. Poverty increases with age and, traditionally, women have a higher life expectancy.

Women's Work: In the paid labour force, women's work is generally segregated in low-paying, low-status occupations and positions in which they experience little control. This



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contributes to a higher incidence of low-self esteem and depression. Additional fatigue results from their added responsibilities in the home.



W.H.E.N. - Newfoundland

In the home, women's work is undervalued and assumed as "just women's work". Much of this work is "invisible" and includes childcare, housework, care of aging parents, care of sick family members, responsibility for family nutrition and health care. The stress of these pressing responsibilities takes a tremendous toll on women's mental well-being.

Socialization. Girls are taught to put feelings of others before their own, not to show anger, to defer to men and to avoid conflict. This process forms a woman's identity and her sense of self-worth and can result in women having a more negative view of themselves.

WOMEN WHO EXPERIENCE ADDITIONAL ISOLATION AND DISCRIMINATION

Many women in Ontario encounter even more difficulties when they seek help for mental health problems because of cultural, language, or geographic barriers.

For example, services to help **native and francophone** women are rarely available in their own communities. They

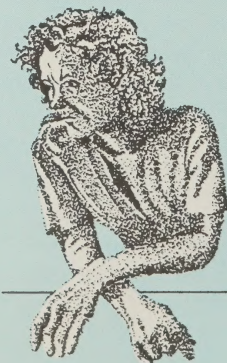
must travel to other parts of Ontario where it is likely that their cultural and language needs will not be met.

Immigrant and visible minority women are most vulnerable to abuse and exploitation in the workplace. As well, the notion of discussing personal problems is a western phenomenon, alien to many cultures.

Rural women receive little recognition for their work in the home, on the farm and in the workforce. If they live in isolated communities, they may also experience frustration and loneliness.

For most **disabled** women, psychological and verbal abuse are facts of life. As a minority and among the poorest group of persons in Ontario, women with disabilities experience tremendous emotional strain and significant barriers to obtaining mental health services.

Older women are particularly at risk for mental health problems. Increasing poverty, changing identity in the family, widowhood, lack of opportunity in the labour force and physical health problems are factors which can cause strain.



MENTAL ILLNESS AND WOMEN

Depression is experienced by women twice as often as by men. For one in 10 women, the depression is severe. Women are prescribed two to three times as many mood modifying drugs (such as anti-depressants) as men. If one drug doesn't help, often another is immediately prescribed. Rarely are women directed towards other ways of coping or overcoming depression.

- **Anxiety** is one of the most common reasons women seek professional help. Women suffer from anxiety three times as much as men. Anxiety is characterized as excessive fear of the unknown. Phobias are considered to be a form of anxiety. A phobia is a persistent and unrealistic fear of either an external object or a social or physical situation. Agoraphobia (fear of open spaces) is found far more frequently in women than in men.
- **Schizophrenia** appears to be found with the same degree of frequency in women and men. Symptoms experienced by women often involve mood swings from depression to elation. A schizophrenic may experience delusions (of having special powers) or auditory hallucinations (hearing voices).



Mary Firth/The Healthsharing Book

- **Eating Disorders.** Of all individuals who suffer from extreme preoccupation with weight, 90% are women. For some women, gaining weight represents a loss of control. In anorexia nervosa, this is manifested by severe weight loss, in bulimia, by periods of binge eating followed by attempts to purge food from the body. The death rate from anorexia is one of the highest in psychiatry. Ten to 20 percent of those who develop it will die.

WOMEN AND TRADITIONAL PSYCHIATRY

Today in Ontario, the majority of psychiatrists are male. Training in psychiatry is very traditional and conservative, with very little focus on women's special concerns.

A 1960s landmark study documented the sexist attitudes of mental health care professionals. They were asked which kinds of behaviour were mentally healthy for women and men. Mentally healthy women were described as more submissive, less independent, less adventurous, more easily influenced, less

aggressive, less competitive, more emotional, less objective, more excitable in minor crises and disliking math and science. The description of a mentally healthy adult was the same as for a mentally healthy male. According to these results, a woman cannot simultaneously be a mentally healthy woman and a mentally healthy adult!

Many critics have argued that psychiatry's traditional treatment methods such as prescribing drugs only numb or negate women's everyday realities, instead of helping to change them.

A document called DSM III-R (Diagnostic and Statistical Manual) is used by mental health professionals around the world to diagnose psychiatric disorders. Feminists have raised concern about the inclusion of a new diagnosis entitled Masochistic Personality Disorder in the DSM III-R. This disorder describes a person who puts other people's needs ahead of her own, continually settles for less and feels unappreciated. Feminist critics have stated these factors describe the reality of many women's lives. Despite tremendous opposition, the diagnosis is now part of the DSM III-R. It is unknown how often this diagnosis is used.

TYPES OF THERAPY

The women's movement has had an impact in "feminizing" the therapeutic world and raising awareness about many women's "so-called" psychiatric problems. **Female oriented** or **feminist therapy** is becoming more common. It

is possible to distinguish between feminist therapy and a female therapist. That one is female is no guarantee that one practices feminist therapy. Men can also practice feminist therapy.

Feminist therapy and non-sexist therapy are different. **Non sexist therapy** attempts to avoid sex-role stereotyping which discriminates against either sex. **Feminist therapy** goes further and questions the power relationship of the therapist. A good feminist therapist will try to believe what a woman says, will not label her mentally ill because she expresses extreme emotions and won't minimize the extent to which a woman has suffered. She will also acknowledge that women have a right to treatment as well as a right not to be treated.

Self help groups are a successful and low cost alternative to traditional psychiatry. Although community-based alternatives may not provide the answers for all mentally ill women, activists argue such groups are a viable and cost-effective alternative for a large number of women.



ISIS/Vancouver Women's Health Collective

GLOSSARY

Here are some common definitions used in connection with mental illness:

antidepressant drugs Drugs able to lessen or remove symptoms of a depressive condition.

clinical psychiatry The branch of psychiatry concerned with the assessment and treatment of patients.

clinical research Research on live patients (as opposed to research on animals or research using only tissue specimens).

clinical trials Trials of methods in treating patients.

delusions False beliefs manifested by someone with a mental disorder such as schizophrenia.

depression A term used to describe: a) normal sadness; b) abnormal sadness that is a symptom of an underlying psychiatric disorder or systemic medical disorder; or c) a disorder in itself.

electro-convulsive therapy A medical procedure in which two or more electrodes are placed on the sides of the head and a measured current is passed through the brain inducing convulsions.

psychiatry The branch of medicine dealing with the study, treatment and prevention of mental illness.

psychoanalysis A method of diagnosing and treating mental and emotional disorders through ascertaining and analyzing the facts of the patient's mental life; developed by Sigmund Freud.

psychosis Any major mental disorder of organic or emotional origin marked by a derangement of personality and loss of contact with reality, often with delusions, hallucinations or illusions.

psychotherapy Any treatment using psychological (as opposed to physical) methods.

psychotropic drugs Drugs with a primary effect on mental functioning.

schizophrenia Any group of severe emotional disorders, usually of psychotic proportions, characterized by withdrawal from reality, and withdrawn, bizarre or regressive behaviour.

RESOURCES FOR FURTHER READING

Breen, Mary, J. *Taking Care. A Handbook About Women's Health*, Mary Breen, 1988

Brown, G. and Harris, T. *Social Origins of Depression: A study of Psychiatric Disorders in Women*. London: Tavistock Publications. 1978

Gilligan, Carol. *In A Different Voice: Psychological Theory and Women's Development*. Cambridge, Harvard University Press, 1982

Hutchison, Chris and McDaniels, Susan. *The Social Reconstruction of Sexual Assault By Women Victims: A Comparison of Therapeutic Experiences*. *Canadian Journal of Community Mental Health*. V. 5, # 2, fall, 1986

Kaplan, Marcie. *A Woman's View of DSM III* *American Psychologist*. July, 1983.

McDonnell, Kathleen, ed. *Adverse Effects: Women and the Pharmaceutical Industry*. Toronto: Women's Press, 1986

Miller, Jean Baker. *Toward a New Psychology of Women*. Boston: Beacon Press, 1986

Women and Mental Health: Social, Economic and Political Perspectives. Summary Report. Canadian Mental Health Association Conference, Banff, Alberta, May 11-14, 1989.

An extensive bibliography is included in Council's document: *Women and Mental Health*, November 1990.

GROUPS

For further information about mental health, contact your local branch of the Canadian Mental Health Association. A women's centre in your community also might be able to help if you're looking for a therapist.

Psychiatric Patient Advocate Office, 8th floor, 56 Wellesley St. W. Toronto, Ontario, M5S 2S3, (416) 927-1575

Women's Counselling, Referral and Education Centre, 525 Bloor St. W., Toronto, Ontario, M5S 1Y4, (416) 534-7501

Ontario Psychiatric Survivors' Alliance, 3107 Bloor St. W., Suite 201, Toronto, Ontario, M8X 1E3.

Self Help Clearing House of Metropolitan Toronto, 40 Orchard View Blvd., Suite 211, Toronto, Ontario M4R 1B9, (416) 487-4355. (offers information about other Ontario locations).

were also protesting deplorable working conditions, and were calling for equal pay and the right to vote. As they marched, they chanted "**bread and roses**" - bread symbolizing economic security, and roses as the symbol of a better life.

Two years later, at a conference in Copenhagen attended by 100 women from 17 countries, March 8 was designated International Women's Day. Since then, it has been routinely observed in Europe. It was not until the 1970s, coinciding with the rebirth of feminism, that IWD celebrations were held in North America.

For information about celebrations this year, call the IWD Committee, 416-531-6608.



Committee Notes

Here is a status report on projects undertaken

by Council's three committees.

The Social Issues

Committee has released Council's background paper on *Women and Mental Health in Ontario* (available through Council's office). The mental health insert featured in this newsletter is based on the paper. Four regional consultations on mental health are being planned for **Kapuskasing (February 26), Thunder Bay (March 18), Ottawa (March 25)** and Owen Sound (early spring). Recommendations to the government on women and aging are also being developed.

The Justice Issues

Committee is preparing an information paper on the problems associated with

enforced (court-ordered) access arrangements. The intent is to present recommendations for change. They are also reviewing difficulties in the area of court-ordered spousal and child support payments and the Support Custody Orders Enforcement (SCOE) office established by the Ontario government in 1987 to oversee such payments.

The Economics Issues Committee is currently reviewing Council's paper on women in science and technology. Members are watching to see what the government will do on the employment equity issue and will comment on the government's new pay equity plans. A proposed policy paper will be developed in response to the government's plans to offer same sex spousal benefits in the public sector.

Childcare Choices

*The alternative of licensed private home daycare is a vital option that wasn't presented in our **Childcare Choices** book (still available through Council's office). Here is some information.*

Licensed private home day care offers parents a choice of having their children cared for in a safe, nurturing, home environment. In Ontario, the government licenses private home day care agencies which guarantees that all providers are assessed, trained, equipped and supported by a Home Visitor.

The Home Visitor, an Early Childhood Educator employed by the home daycare agency, ensures quality of care. The

Home Visitor also recruits, assesses and provides on-going support and training to the caregivers offering childcare in their homes. As well, the Home Visitor assists in the matching of children with the appropriate caregiver. In this way, parents can choose the home they believe is most comfortable for their child.

The service also addresses the need for more flexible care in rural areas, native reserves, shift and extended hour workers, emergency and temporary care, and children with physical disabilities and/or other special needs.

Licensed private home daycare is available for families paying full fee and those requiring subsidy.

The Private Home Day Care Association of Ontario (PHDCAO) is a non-profit association of private home day care agencies. It is the only organization addressing the concerns of people involved in the provision and receipt of licensed home daycare.

"Anyone, anywhere in Ontario can decide to look after children," said Leslie Atkinson, PHDCAO executive director. "Our Association is concerned about child safety and protection. For this reason, our aim is to expand home-based child care services for families through **licensed agencies**".

For more information on private home child care, call the Association at (416)783-1152.



The Council was established at arms-length from the government in 1973 and is in a unique position to question the government's direction and policies. Council's mandate is to advise government on matters pertaining to the achievement of economic, social, and legal equality for women through the Minister Responsible for Women's Issues; to respond to requests for advice and consultation from the Minister Responsible for Women's Issues; to hold public meetings with the purpose of stimulating public discussion and accessing the opinions of women, particularly in regions throughout Ontario; to identify specific areas requiring the attention of government and to recommend legislation and program changes. Members (15) are appointed by Cabinet on a part-time basis and reflect Ontario's geographical diversity.

EDITOR: LYDIA OLEKSYN

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Requests for Resumes



Council often uses freelance researchers/writers, hired on a contract basis, to prepare various reports, government submissions and background papers. We would like to receive resumés from women whose work history demonstrates experience in research/writing from a feminist perspective. The ability to read and write in French is a definite asset. Resumés can be mailed, or faxed: 880 Bay St., 5th floor, Toronto M7A 1N3; FAX 416-326-1836. **No phone calls please.**

HAVE YOU MOVED?

MOVING SOON? If you want to continue receiving *Update*, please send your mailing label with the changes marked to: Ontario Advisory Council on Women's Issues, 880 Bay St., 5th floor, Toronto M7A 1N3.

NOTE: DEADLINE EXTENSION. The Royal Commission on New Reproductive Technologies has extended its deadline to **April 30, 1991** for making written or tape-recorded submissions to the Commission. Contact: Royal Commission, PO Box 1566, Stn. B, Ottawa, K1P 5R5 (613) 954-9998, FAX: (613) 954-9998.

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